



the compassion to care, the leadership to conquer

**Committee on Human Services
Public Hearing
Tuesday, March 5, 2013**

Written Testimony of **Laurie Julian, Director of Public Policy, Alzheimer's Association**, CT Chapter (The Association).

Senator Slossberg, Representative Abercrombie and distinguished members of the Committee on Human Services, on behalf of the Alzheimer's Association, CT Chapter, thank you for allowing me to submit testimony on ***H.B. 5919, An Act Concerning Presumptive Medicaid Eligibility for Home Care.***

The Alzheimer's Association is a donor supported, non-profit organization serving the needs of families, health care professionals and those individuals who are affected with Alzheimer's disease and related dementias. The Association provides information and resources, support groups, education and training, and a 24 hour, 7 day a week Helpline.

The Home Care Program for the Elderly is not only an essential long-term care safety-net, but is one of the most cost-effective nursing home diversion programs. For many individuals with dementia, the Home Care Program has allowed them to remain in the community with its support services. It is estimated that as high as one-third of the recipients in Category 3 (Medicaid at nursing home level care) of the program have Alzheimer's or other dementia.

Alzheimer's is a progressive and degenerative disease. Implementation and administration of presumptive eligibility will help stabilize an already fragile population in the community. Individuals with Alzheimer's are "at-risk" clients and expediting support services will greatly improve the quality of life for both clients and caregivers.

Individuals with Alzheimer's or other dementia are most at risk for transition to skilled nursing care. Many long term care applications are filed when a person is in crisis or leaving a hospital. The time waiting for an eligibility decision is crucial in terms of the client's health condition and need for additional supports. If community-based services are not available due to eligibility delays, the client often re-enters critical care in either a hospital or nursing facility.

Uncompensated family caregivers provide most of the care to Alzheimer's patients in the community. 24/7 care is eventually required, overwhelming stressed family caregivers. Access to an assessment along with long-term services such as home health care, adult day, meals and medical transportation through the expedited waiver can stabilize both family caregivers and the recipient, often delaying more expensive nursing facility care.

In conclusion, presumptive eligibility supplements the state's re-balancing goals: to rebalance Medicaid expenditures from institutional based care to community-based care. However, it is important to commit resources up front to prevent transitions **to** costly nursing facility care in the first place. In other words, while we applaud the Administration's *Money Follows the Person* expansion to transition individuals **from** nursing facility care after a three-month stay, efforts **to** divert patients should also be a focal point of the equation.

Thank you for the opportunity to submit this testimony. Please feel free to contact me at Ljulian@alz.org, or (860) 828-2828.